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CONFIRMATION NO. 4905

<b>SERIAL NUMBER</b> 10/686,517	<b>FILING OR 371(c) DATE</b> 10/16/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> 33396-198024
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/503,843 02/15/2000 PAT 6,962,691 → *Renewed*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 INDIA 382/BOM/99 05/20/1999  
 INDIA 582/BOM/2000 08/17/1999  
 INDIA 43/BOM/2000 01/13/2000  
 INDIA 44/BOM/2000 01/13/2000

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 01/23/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> INDIA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 3
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Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

**ADDRESS**  
26694

**TITLE**  
Topical spray compositions

<b>FILING FEE RECEIVED</b> 1440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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